

# *Milwaukee Child Welfare Services*



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Beginning January 1, 1998, the Department of Health and Family Services (DHFS) became responsible for administering child welfare services in Milwaukee County. Previously, the Milwaukee County Human Services Department (MCHSD) had this responsibility. DHFS took over this role as required by legislation enacted in the 1995 and 1997 legislative sessions in response to a lawsuit filed against the state and Milwaukee County. The suit alleged that the state and the county were in violation of federal law and that the administration of child welfare services in Milwaukee County was so poor that it failed to keep children safe.

This paper provides background information on the lawsuit and subsequent settlement, the administration of child welfare services statewide, a description of the child welfare system in Milwaukee County as administered by DHFS, and revenue and funding available for DHFS costs associated with Milwaukee child welfare services.

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### **ACLU Lawsuit**

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In 1993, the American Civil Liberties Union (ACLU) Children's Rights Project (now Children's Rights, Inc.) filed an action on June 1, in the Federal District Court for the Eastern District of Wisconsin on behalf of an estimated class of approximately 5,000 children who were receiving, or should have been receiving, child welfare services in Milwaukee County. The Milwaukee County Executive, the Director of MCHSD, the Governor,

and the Secretary of the Department of Health and Social Services (now the Department of Health and Family Services) were named as defendants.

The complaint was a broad-based challenge to the administration of the Milwaukee County child welfare system, alleging that the county, among other things, failed to investigate complaints of abuse and neglect, failed to provide services to avoid unnecessary out-of-home placements, failed to provide appropriate out-of-home placements, and failed to terminate parental rights and secure permanent placements for children who cannot be returned to their birth families. The complaint alleged that the state failed to adequately supervise and fund the Milwaukee County system.

In response to the lawsuit, during the 1995 legislative session, Wisconsin Acts 27 and 303 initiated the state's assumption of responsibility for providing child welfare services in Milwaukee County. 1995 Wisconsin Act 27 directed DHFS to submit a proposal to the Legislature by April 1, 1996, which would outline a plan for the Department to assume responsibility for operation of the Milwaukee County child welfare system. Subsequently, 1995 Wisconsin Act 303 provided initial funding, positions, and statutory authority for DHFS to plan for providing child welfare services in five neighborhood districts in Milwaukee County, beginning January 1, 1998.

After the enactment of 1995 Wisconsin Act 27, the parties to the lawsuit entered into settlement negotiations based on the possibility that the state would be assuming responsibility for child welfare services in Milwaukee County. Negotiations broke

down in February, 1996, and the parties were prepared to go to trial.

However, much of the lawsuit was dismissed by the Court in January, 1998. The dismissal was based partially on grounds that the state's assumption of child welfare services in Milwaukee County made much of the case moot but also for many of the plaintiffs' allegations, federal law does not create privately enforceable rights. Privately enforceable rights are rights that give an individual the right to sue in order to have the government comply with provisions in law. Therefore, the Court found that the plaintiffs had no standing.

However, the portion of the case that remained outstanding related to alleged violations of the federal Adoption Assistance and Child Welfare Act (AACWA), which requires states to provide a written permanency plan for every child in foster care and for a periodic review of those permanency plans. The Court found that this federal requirement does create a privately enforceable right for the creation and periodic review of a permanency plan, but not for actual implementation of the plan. The Court said that on this basis, the plaintiffs were entitled to further hearings and a possible trial to enforce this right.

**Settlement Agreement.** The federal court approved a settlement agreement on September 2, 2002, effectively closing the case, although the state will be subject to arbitration or court intervention if non-compliance issues arise. The settlement requires DHFS to attain specified outcomes on or before January 1, 2006, for permanency, safety, and child well-being for children in out-of-home care in Milwaukee County. These areas are described in more detail below.

*Permanence.* The settlement requires BMCW to negotiate in good faith as soon as practical with the Milwaukee County District Attorney to ensure adequate legal representation for the prosecution of termination of parental rights (TPR) petitions, consistent with federal Adoption and Safe Families

Act (ASFA) requirements. By January 1, 2004, 65% of children in out-of-home care in Milwaukee County who have been in care for 15 of the last 22 months must have had a TPR petition filed on their behalf, or an ASFA exception documented in their case, by the end of the 15<sup>th</sup> month of care. The percentages increase to 75% by January 1, 2005, and to 90% by January 1, 2006.

For children who have been in out-of-home care for more than 15 of the last 22 months, and for whom a TPR petition has not been filed or an exception has not been documented in their case, a TPR petition must be filed on their behalf or an exception documented in their case according to the following percentages: (a) 75% by January 1, 2004; (b) 85% by January 1, 2005; and (c) 90% by January 1, 2006.

If the state obtains a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, then, according to the settlement agreement, no more than the following percentages of children in BMCW out-of-home care are to be in care for more than 24 months: (a) 40% by January 1, 2004; (b) 30% by January 1, 2005; and (c) 20% by January 1, 2006. If the state does not obtain a Title IV-E waiver by January 1, 2003, then the percentages will be 40%, 35%, and 25% respectively.

The settlement agreement also requires that, in 2004, 65% of children that are reunified with their parents be reunified within 12 months of entering into out-of-home care. This percentage increases to 71% in 2005.

Finally, at least 20% of children for whom an adoption is finalized must exit BMCW out-of-home care within 24 months of their entering into care. This percentage applies to the period ending January 1, 2004, and increases to 25% by January 1, 2005, and 30% by January 1, 2006.

*Safety.* The settlement agreement states that no more than 0.7% of children in out-of-home care

shall be victims of substantiated abuse or neglect allegations within in the first year, ending January 1, 2004, by a foster parent or staff of a licensed facility. The percentages fall to 0.65% in 2004 and 0.6 in 2005.

By January 1, 2004, at least 80% of the allegations of abuse or neglect of a child in BMCW custody are to be: (a) referred for an independent investigation within three business days; (b) assigned to an independent investigator within three business days of the receipt of the referral; and (c) a substantiation determination must be made within 60 days of the referral to the independent investigation agency. The percentages increase to 85% by January 1, 2005, and 90% by January 1, 2006.

*Child Well-Being.* The settlement also places requirements on the contract provisions, case manager-to-case ratios, and the use of shelters as placements.

Under the settlement, the caseloads of ongoing case managers is not to exceed an average of 11 cases per case-carrying manager per site. This will be phased in incrementally and be fully effective on January 1, 2004, though it is not enforceable until April 1, 2004. During the phase-in period, however, the settlement states that the average caseload can not exceed 13 families.

Beginning December 31, 2003, children will not be placed in a shelter and the use of shelter placements must be completely phased out.

By December 31, 2003, the settlement requires BMCW to develop diagnostic/assessment centers for children over 12 years of age who need additional assessment to determine the appropriate placement. A placement in these centers may not exceed 30 days, but may be extended for another 30 days as long as the total duration of the placement does not exceed 60 days.

By January 1, 2004, at least 80% of children are

required to have three or fewer placements after January 1, 1999, during their current episode in BMCW custody. By January 1, 2005, the percentage of children increases to 82% and by January 1, 2006, 90%.

*Reports.* Finally, the settlement requires BMCW to provide a number of reports on the items mentioned previously and a variety of additional statistics, as well as a comprehensive review at least once annually. These reporting requirements are effective through December 31, 2005.

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### **Child Welfare Services Statewide**

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Responsibility for children in the child welfare system is shared between the juvenile court and the county department of human services or social services, or in Milwaukee County, with DHFS. At the local level, the unit in the county department that is responsible for providing child welfare services is often referred to as a child protective services (CPS) unit.

DHFS is responsible for providing statewide leadership on child welfare standards and practices, administering state and federal funds for child welfare services, and assuring compliance with state and federal law and regulations. In addition, the Bureau of Programs and Policies in the Division of Children and Family Services provides adoption services for children with special needs from counties other than Milwaukee.

Child welfare services generally refer to services provided to children and their families to keep children safe when their families are unable to protect them from harm. Specifically, these services include: (a) providing intake and investigation services to determine if a child has been abused or neglected; (b) dispositional services to the juvenile court in each county, including case management services to children placed in out-of-

home care to ensure that the permanency plan is carried out; and (c) services to children whose parents have had their parental rights terminated and the child has been placed for adoption. The child welfare services system does not include economic welfare or support programs such as Wisconsin Works (W-2), although families are sometimes involved in both systems.

**ASFA.** The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) established a variety of new standards for children and juveniles placed in out-of-home care and at risk of being placed in out-of-home care. The final federal rules were effective in March, 2000, and all of the federal requirements and regulations are now incorporated into state statute with the passage of 2001 Wisconsin Act 109.

One of the most significant changes made in ASFA was establishing requirements for the state or county to pursue the TPR and adoption of children who have been in out-of-home care for 15 of the last 22 months. There are four exceptions to the TPR requirement: (a) the child is being cared for by a fit and willing relative; (b) the child's permanency plan indicates and provides documentation that TPR is not in the best interests of the child; (c) the agency primarily responsible for providing services to the child and family under a court order has not, if so required, provided the family of the child, consistent with the time period in the permanency plan, the services necessary for the safe return of the child to his or her home; or (d) grounds for involuntary TPR do not exist. Once an exception is made, there is no defined time at which TPR must be considered again; however, the TPR decision or exception must be made each time a child has been in out-of-home care for 15 of the last 22 months. This applies primarily when a child entered and exited out-of-home care on multiple occasions.

In addition, ASFA specified that a TPR petition must be filed if a court has determined that: (a) a child was abandoned when he or she was under

one year of age; (b) a parent has committed, has aided or abetted the commission of, or has solicited, conspired, or attempted to commit first – or second-degree intentional homicide, first-degree reckless homicide or felony murder and that the victim of the homicide is a child of the parent; or (c) the parent has committed substantial battery, first- or second-degree sexual assault, first- or second-degree sexual assault of a child, repeated acts of sexual assault of the same child, or intentionally or recklessly caused great bodily harm to a child if the violation resulted in great or substantial bodily harm to the child or another child of the parent.

In addition, ASFA allows for concurrent planning, which states that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunify the child and family. ASFA also requires a permanency plan hearing every twelve months, instead of every 18 months, as was previously required.

Finally, ASFA authorizes the Secretary of the U.S. Department of Health and Human Services to make incentive payment to states to increase the number of adoptions of children in foster care as compared to the greatest number of adoptions in any fiscal year, from 1997 through the current year. A state receives \$4,000 per adoption plus \$2,000 for each special needs adoption. States are required to reinvest these incentive funds into child welfare programs. In federal fiscal year 2001-02, Wisconsin expects to receive an estimated \$1.3 million in adoption incentive funds.

***Children in Need of Protection and Services.*** A child in need of protection or services (CHIPS) case is adjudicated by the juvenile court in each county under a process outlined in Chapter 48 of the state statutes (the Children's Code). A CHIPS case may involve a child without a parent or guardian, a child who has been abandoned, a child whose parent relinquished custody of the child when the child was 72 hours old or younger, a child who has

been the victim of abuse or neglect, or a child who is at substantial risk of becoming the victim of abuse or neglect. The state's definition of child abuse and neglect is presented in Appendix I of this paper.

Once a juvenile court adjudicates a child as a CHIPS case, the court orders a disposition of the case, which outlines the needs of the child and a plan for ensuring appropriate treatment for the child. The dispositional process includes determining whether custody of the child should be transferred to the county, or in Milwaukee County, DHFS, and whether the child should be placed in out-of-home care. The dispositional order must include a finding that: (a) continued placement of the child in his or her home would be contrary to the welfare of the child; and (b) the child welfare agency has made reasonable efforts to prevent the removal of the child from the home, while assuring that the child's health and safety are the paramount concerns, and to make it possible for the child to return safely home. This finding is not required if one of the exceptions is met. These exceptions include the parent has subjected the child to aggravated circumstance, the parent has committed one of several serious criminal offenses, the parental rights of the parent to another child have been involuntarily terminated, and the parent has been found to have relinquished custody of the child when the child was 72 hours old or younger. Dispositional orders are valid for one year, unless extended by the court.

**Permanency Plans.** When the court dispositional order includes out-of-home placements, the appropriate child welfare agency is responsible for developing a permanency plan based on the court's disposition. This permanency plan must be approved and filed with the court ordering the placement within 60 days of the date of the out-of-home placement, dispositional order. The permanency plan identifies the goal for a permanent placement for the child and the services provided to the child and his or her family in order to achieve the permanency plan goal. Permanency

plan goals can include: (a) reunification with the birth family; (b) transfer of legal guardianship to a relative; (c) termination of parental rights in order to legally free the child for adoption; and (d) long-term foster care for children for whom adoption is unlikely.

2001 Wisconsin Act 109 modified the requirements for permanency plans and required permanency plans for children placed in the home of a relative under a court-order. By January 1, 2003, all children in court-ordered kinship care must have a permanency plan.

Permanency plans must be reviewed not later than six months after the date on which the child was first removed from his or her home and every six months after a previous review for as long as the child is placed outside of the home. The court is required to hold a permanency plan hearing on the second review of the permanency plan and on the reviews that are conducted every 12 months after. This hearing may be held either in place of, or in addition to, a review.

**Placement Costs.** In addition to providing child welfare services, counties and DHFS are responsible for the placement costs of children in out-of-home care. As of December 31, 2001, there were approximately 9,200 children in out-of-home care in Wisconsin. Approximately 78% of these children were in out-of-home care under a CHIPS petition, were voluntarily placed in out-of-home care, or were awaiting adoption. The remainder were in out-of-home care as a result of a juvenile delinquency or juvenile in need of protection or services (JIPS) order.

Of the children in out-of-home care, as of December 31, 2001, approximately 84% were in foster care or treatment foster care, 5% were in group homes and 11% were placed in residential care centers for children and youth (RCCCYs, which were formerly referred to as child care institutions). In addition, children may be placed with relatives who receive kinship care payments.

Effective January 1, 2001, the minimum monthly payment for a child in foster care is: (a) \$302 for a child under five years of age; (b) \$329 for children ages five through 11; (c) \$375 for children ages 12 through 14; and (d) \$391 for children ages 15 and over. In addition, for children with special needs, these rates are supplemented according to a process outlined in administrative rule. For children with exceptional needs, counties can provide up to \$2,000 to foster parents for care and maintenance. A clothing allowance may be paid by the child placing agency upon the child's initial placement into foster care. The costs of placing children in group homes and RCCCYs are, on average, significantly greater than the costs of foster care.

Youths placed in foster care are categorically eligible for medical assistance (MA). In addition, counties, and for Milwaukee County, DHFS, are reimbursed for kinship care payments made to certain relatives caring for children that meet or are at risk of meeting the CHIPS criteria or juveniles that meet or are at risk of meeting the JIPS criteria. The kinship care payment rate is \$215 per month per child.

***Funding to Support County Costs of Providing Child Welfare Services.*** The primary source of state and federal funding for child welfare services is allocated to counties through community aids. In addition, counties are reimbursed by the state for kinship care placement costs for children placed in the care of a relative for whom a foster care payment is not made.

***Community Aids.*** Community aids are state and federal funds that are distributed by DHFS to counties for the provision of human services in two broad, statutorily-defined functional areas: (1) social services for low-income persons and CHIPS cases; and (2) services for persons with needs relating to mental illness, substance abuse, or developmental disabilities. In 2002-03, total funding for community aids is estimated to be approximately \$262.0 million.

The community aids basic county allocation (BCA), which represents approximately 93% of the total community aids allocation, includes federal funds the state claims under Title IV-E of the federal Social Security Act for reimbursement of the costs of providing child welfare services. In 2002-03, \$27.8 million in federal Title IV-E funds are budgeted for the community aids BCA.

Under Title IV-E, the U.S. Department of Health and Human Services reimburses the state for placement and administrative costs for children who are in out-of-home care and meet certain eligibility criteria. States receive 50% reimbursement for administrative costs of providing child welfare services to children who are Title IV-E-eligible and approximately 58% of placement costs for those children. Federal reimbursement is not available for children who are not eligible under Title IV-E.

DHFS claims costs for reimbursement under Title IV-E based on information reported by counties and, in Milwaukee County, by BMCW. These funds are distributed to non-Milwaukee counties under the BCA. To the extent that state funding from community aids is not sufficient to fund county costs for social and human services, counties must support these costs from other state aids, federal or nonprofit grants, or the local property tax. However, if the state, excluding Milwaukee County, collects more Title IV-E funds than are budgeted in community aids, 50% of these excess funds are distributed to counties as incentive funds. The remaining 50% is allocated to the state and used under the income augmentation program. Of the excess Title IV-E funds distributed to counties, at least 50% must be used to provide intervention services for children who are at risk of abuse or neglect. Counties cannot use these funds to supplant any other funds expended by the county for services and projects to assist children and families.

***Kinship Care.*** Counties, other than Milwaukee County, are reimbursed for the costs of kinship

care payments separately from community aids. In Milwaukee County, DHFS is responsible for making kinship care payments. Kinship care payments are funded with federal temporary assistance for needy families (TANF) block grant funds transferred from the Department of Workforce Development (DWD) to DHFS.

To the extent TANF funds are not sufficient to fund kinship care costs, counties can either support these costs from other state aids or local property tax or place cases on waiting lists. For Milwaukee County, if TANF funds are insufficient to fund kinship care costs, DHFS must place cases on a waiting list. However, it is DHFS policy that cases under a court-order for placement with a relative will not be placed on waiting lists. Therefore, only cases without a court-order for placement with the relative can be placed on waiting lists.

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### DHFS System Structure

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Child welfare services are provided by BMCW in the DHFS Division of Children and Family Services. Services are provided from a central administrative site located in the City of Milwaukee and five neighborhood service-delivery sites located throughout the county: sites one and two cover the central city; site three covers eastern and far northern parts of the county; site four covers the near south side of the city; and site five covers the south and west sides of the county. Appendix II is a map of Milwaukee County identifying the regions served by each of the neighborhood service-delivery sites. Appendix III illustrates the organizational structure of BMCW.

***Milwaukee Child Welfare Partnership Council.*** 1995 Wisconsin Act 303 established the Milwaukee Child Welfare Partnership Council as a body to make recommendations and formulate suggestions to DHFS and the Legislature regarding child welfare services under DHFS administration. The

Council consists of the following members: (a) three members of the Milwaukee County Board nominated by the Milwaukee County Executive; (b) two state representatives, one appointed by the Speaker of the Assembly and one appointed by the Assembly minority leader; (c) two state senators, one appointed by the Senate President and one appointed by the Senate minority leader; (d) 10 state residents, not less than six of whom are residents of Milwaukee County; and (e) two members nominated by a children's services network established in Milwaukee County as required under the Wisconsin Works (W-2) program. The Governor appoints the chairperson of the Council from the 10 public members. Members from the Milwaukee County Board, public members, and members appointed by the W-2 children's services network are appointed for three-year terms.

The Council is required to formulate suggestions and make recommendations to DHFS and the Legislature on the following:

- Policies and plans for the improvement of the child welfare system;
- Measures for evaluating the effectiveness of the child welfare system, including outcomes measures;
- Funding priorities for the child welfare system; and
- Innovative public and private funding opportunities for the child welfare system.

In addition to the executive committee, the Council has four subcommittees that address issues relating to: (a) intake, initial assessment, and safety services; (b) out-of-home care and ongoing case management; (c) adoption; and (d) community systems. These committees meet monthly to discuss systematic issues in their areas in a community forum. The full Council meets quarterly.

**Management and Administration.** BMCW is authorized 175 positions to administer child welfare services in Milwaukee County. DHFS also contracts with private vendors for over 450 staff that provide services to families in the child welfare system.

Management staff in BMCW consists of a director, a deputy director, and a manager at each of the five neighborhood service delivery sites. The director is responsible for developing, implementing, and overseeing major child welfare reform activities in Milwaukee County and building community support for the new system, as well as developing and maintaining strong working relationships with the juvenile court, health, corrections, juvenile justice, and school systems, private providers, and community organizations. This position has overall responsibility for the Bureau and serves as the primary contact for contract negotiations with vendors.

**Intake Unit.** The intake unit is responsible for receiving all incoming reports of possible child abuse or neglect. The unit of nine social workers, two supervisors and 1.5 support staff, located at the central administrative site, receives intake referrals and gathers information from the referral source to determine the urgency of the referral. Referrals screened into the system by the intake unit are either referred to the initial assessment unit for further investigation, or are referred to Community Impact, the agency under contract to perform independent investigations. Independent investigations are conducted if there is a possibility of a conflict of interest if BMCW conducts the assessment. For example, a report alleging abuse or neglect in a foster home would be referred for independent investigation.

Between January and October, 2002, the intake unit received an average of 2,823 referrals per month for child abuse and/or neglect. Of these referrals, on average, the intake unit screened 886 (31.4%) into the system for further investigation.

The remaining referrals were screened out for various reasons, including the referral was not an appropriate referral, or the referral was for a family or child for which a referral had already been received.

Staff are available from 8:00 am until 12:30 am, with the first shift available from 8:00 am until 4:30 pm and the crisis response team available from 5:00 pm until 12:30 am. If all of the intake lines are busy during these times, the calls are forwarded to an outside vendor (Signius Communications) which, after taking down basic information, sends the information to the intake office. The intake supervisor then assigns the call to a worker who returns the call and collects the information.

Between 12:30 am and 8:00 am Monday through Friday and on Saturday, Sunday, and holidays, BMCW contracts with Signius Communications to screen calls. The vendor shares the information gathered from the referral source with an on-call supervisor, who then determines whether the referral is an emergency and requires an immediate response or can be addressed the following business day. During the week, there is one supervisor and two intake workers on-call to respond to urgent calls and on the weekends and holidays, there is one supervisor and four intake workers on-call. The supervisors and intake workers are on-call on a rotating basis.

**FISS Unit.** In addition to providing intake services for CHIPS cases, BMCW currently provides intake services when a parent seeks a petition for court authority for a child under the JIPS criteria. These cases are referred to as *pro se* cases, meaning the parent, rather than the state or county, is seeking the court authority. These cases involve children who are considered uncontrollable by their parents, are truants or runaways. The legislation enacting the transfer of child welfare services to DHFS did not specify that BMCW would provide intake services for these cases. However, in February, 1998, the children's court in Milwaukee County found the statutory language unclear re-

garding responsibility for these cases and ordered BMCW to provide intake services.

In October, 2000, BMCW began contracting with Perez Pena, Ltd., to operate the family intervention support and services (FISS) program to provide intake services and to conduct the assessments of *pro se* cases. Before a *pro se* case goes to court, the FISS unit must first do an assessment. The FISS program is intended to strengthen the parents' ability to carry out their responsibilities to care for, supervise, and support their children at home, school, and/or in the community. The FISS unit assesses a family's functioning, adolescent school attendance and participation, mental health, abstinence from use of alcohol and drugs, and social relationships and activities. Based on the assessment, and the family's identified level of need, the family and adolescent may receive services in their community or through the BMCW safety services program. Between January and October, 2002, the FISS unit, on average, received 18 referrals per month, had 17 families complete services each month, and had 57 cases open at the end of each month.

**Assessment Unit.** Each of the five neighborhood service-delivery sites has a unit of state staff that conducts assessments on families that are the subject of a child abuse or neglect referral. Each site has 16 social workers, three supervisors and three support staff to make these determinations.

These units, which receive referrals from the intake unit, are responsible for determining: (a) if child abuse or neglect has already occurred and the extent and the severity of the abuse or neglect if it has occurred; (b) the level of risk to the child or children in the family of future abuse or neglect; and (c) the types of services to be included in a safety plan for the child or children in order to prevent abuse or neglect from occurring in the future. These determinations are based on

interviews with family members, home visits, and other contacts in order to determine the level and nature of child, caregiver, and family functioning, and identification of any factors within the family that place a child at risk.

If it is determined that the child or children are not safe and are at risk of further abuse or neglect, the case is opened and a determination is made whether the child can remain at home with appropriate services provided or if the child needs to be removed and placed in out-of-home care. Otherwise, the case is closed. Cases that can remain safely at home are referred for safety services. Cases with children removed and placed in out-of-home care are referred to the lead agency for ongoing case management. Between January and October, 2002, the five assessment units closed 6,878 cases.

**Safety Services.** Safety services are available to families where abuse or neglect issues have been identified, but the assessment unit has determined that the child or children can remain at home safely if appropriate services are provided to the family. Families receive safety services until they are deemed safe. Each vendor is paid for four months of service for each case received, regardless of the amount of time the case remains open.

DHFS contracts for safety services coordinators at each of the five neighborhood service-delivery sites. These vendors are responsible for developing a network of providers that provide the services identified in each family's safety plan. The vendor assigns each referral from the assessment unit to a safety service manager who is then responsible for coordinating the provision of services among the vendor's network of providers, according to the family's safety plan. The safety services manager is also responsible for conducting periodic safety assessments on the families using a specific safety evaluation tool. The five safety services vendors are listed below.

Site	Vendor
1	Wisconsin Community Service Network
2	SafeNow Safety Services, Milwaukee County Mental Health Division
3	Innovative Family Partnerships, Inc.
4	La Causa
5	SafeNow Safety Services, Milwaukee County Mental Health Division

Site	Vendor
1	Wisconsin Community Services Network
2	Wisconsin Community Services Network
3	Innovative Family Partnerships, Inc.
4	LaCausa
5	Innovative Family Partnership

Safety services can include: (a) supervision, observation, basic parenting assistance, social and emotional support, and basic home management; (b) child care; (c) routine and emergency drug and alcohol services and screening; (d) family crisis counseling; (e) routine and emergency mental health services; (f) respite care; (g) housing assistance; and (h) transportation. Families receive services that are appropriate to their specific situation based on the safety plan.

Between January and October, 2002, the five safety services units received 1,295 referrals from the assessment unit. In 2001, 1,821 cases received safety services. The average cost of safety services and the average length of stay for families receiving safety services vary, depending on which vendor was responsible for coordinating the safety services. In 2001, the average cost for safety services purchased by a vendor was \$960 per family, not including any services billed to medical assistance (MA). The average period during which the family received safety services in 2001 was 3.7 months. In 2002, through October, 1,611 families received safety services and the average cost per family was \$840.

**Lead Agencies for Ongoing Cases.** DHFS has contracted with vendors to serve as lead agencies in each of five neighborhood sites to provide services to ongoing cases in out-of-home-care. The contract includes funds for case management and ongoing services and administrative costs. The vendors for each of the five sites are listed below.

Each vendor serves as a lead agency for cases in out-of-home care within each neighborhood service-delivery site. The lead agency is responsible for these ongoing cases until the case is closed. Case closure occurs when the child is successfully reunified with the family, a termination of parental rights and subsequent adoption occurs, or a transfer of guardianship to a relative is made. Lead agencies are responsible for providing case management services and the provision of ongoing services necessary to achieve the objectives of the permanency plan. In addition, lead agencies are responsible for ensuring a child's safety while in out-of-home care.

**Case Management Services.** Case management services are provided for ongoing cases of children in out-of-home care. The lead agency is required to provide 50 case management social workers, eight supervisors, eight support staff, and one court liaison social worker at each site. Ongoing case management services include the following:

- Re-assessing child safety on a continual basis;
- Conducting a family assessment and developing a treatment plan in order to assemble treatment services necessary to ameliorate any results of abuse or neglect;
- Changing core conditions that create safety and risk concerns with the family;
- Developing and implementing a plan to work toward reunification with the natural family or another permanent home environment; and

- Preparing all necessary documentation for permanency plan reviews, extensions of out-of-home placement, court orders, and prosecution of termination of parental rights cases.

*Ongoing Services.* Ongoing services are provided to children and their families as required by the permanency plan developed for children in out-of-home care. These services are intended to assist the child and the family to achieve the goals identified in the permanency plan. Continuing services include: (a) parenting education, non-professional support and counseling, basic home management, and life skills education; (b) mental health, substance abuse, family, individual, group, and marital counseling; (c) substance abuse treatment; (d) child care; (e) respite care; and (f) transportation.

The average monthly cost for services per family in 2000 varied from approximately \$119 per family to over \$220 per family, not including costs separately billed to MA. Between January and October, 2002, an average of 2,884 families received ongoing services each month. In 2001, 3,933 families received ongoing services and through October, 2002, 3,619 families had received these services.

*Contract Provisions.* The lead agency contracts include several provisions which are intended to provide incentives to the lead agency. Under the terms of the 2002 contract, DHFS reimburses the lead agencies for 95% of their expenses in each month. Lead agencies can collect 2.5% of the remaining 5% of monthly expenditures if at least 90% of family assessments, treatment plans, and case evaluations are completed in the time frame required under DHFS standards. The lead agency can collect the remaining 2.5% if all permanency and review plans are completed within their specified time limit. Additionally, if DHFS determines that the lead agency's cumulative performance through the reporting month meets or exceeds the specified targets, DHFS will reimburse the agency for each month in that period that

DHFS has not paid the 2.5% amount.

*Out-of-Home Care Placement Costs.* As of October 31, 2002, 4,812 children in Milwaukee County were in out-of-home care. Between January and October, 2002, an average of 5,934 children were in out-of-home care each month. Children removed from their homes can be placed in foster homes, treatment foster homes, group homes, RCCCYS, or with relatives. Out-of-home placement costs are often the largest category of costs for a child welfare system. The out-of-home care budget for 2002-03 is approximately \$45.0 million for the wraparound program, temporary care, foster care, group homes, and RCCCYS. In 2002-03, kinship care benefits in Milwaukee County are budgeted at approximately \$14.3 million. Some of this funding, however, will fund payments for children who are eligible for kinship care but are not in the child welfare system (referred to as non-court-ordered kinship care).

*Out-of-Home Care Placement Unit.* BMCW contracts with Lutheran Social Services for 70 social workers, nine supervisors, and seven support staff to provide out-of-home care placement services. Placement services includes the recruitment and licensing of foster families and treatment foster families, identification and selection of appropriate foster homes for children to be placed in out-of-home care, and ongoing educational services and support to foster families. Three of the social workers are dedicated solely to the recruitment of foster and treatment foster families.

Between January and October, 2002, there were an average of 2,207 active foster homes in Milwaukee County. Over the same period, 336 homes were newly licensed and 109 foster homes were closed.

*Adoption Placement Unit.* BMCW contracts with Children's Service Society of Wisconsin for 40 social workers, five supervisors, one program manager, and three support staff to provide

adoption placement services. Adoption placement services include concurrent planning with case managers, recruitment of potential adoptive families, home study assessments of potential adoptive families, case management services for children available for adoption, identification and selection of appropriate adoptive homes for children waiting for adoption, and supervision and support to an adoptive home during the adoption finalization period. In addition, this unit arranges for the payment of adoption assistance for eligible children.

In 2002, through October, there were 406 finalized TPR petitions and 383 finalized adoptions in Milwaukee County. In 2001, there were 190 finalized TPR petitions and 186 finalized adoptions.

**Information Management System.** 1995 Wisconsin Act 303 directed DHFS to develop an automated case management system for the child welfare system in Milwaukee County. Funding was provided to DHFS over a number of fiscal years to develop and implement the information system. This system, the Wisconsin statewide automated child welfare information system (WISACWIS) is fully implemented in Milwaukee County and by June, 2003, will be fully implemented in 40 other counties. WISACWIS assists case workers and administrators in managing child welfare services. The system maintains information on intake, assessment, eligibility determinations, case management, court processing, financial reporting, and administration.

**Prevention Services.** To reduce the incidence of child abuse and neglect referrals in Milwaukee County, DHFS is budgeted funding for two child abuse and neglect prevention initiatives. The first initiative, initially funded in 1995 Wisconsin Act 303, established an MA benefit for case management services for families in Milwaukee County at risk for perpetrating child abuse or neglect. Under this benefit, community-based organizations that provide home visiting services

to first-time parents in Milwaukee County are able to bill MA for a portion of their costs and use revenues that previously funded case management services for non-MA billable services.

The second initiative provides approximately \$1.5 million in TANF funds to an organization in Milwaukee County to serve as lead agency to coordinate, implement, evaluate and manage a comprehensive and collaborative prevention program. This agency is not a direct service provider, but instead, subcontracts with various community-based organizations to provide services as part of a countywide continuum of services available to all families to prevent child abuse and neglect. Since 1999, DHFS has contracted with Community Advocates, Inc., on behalf of the Child Abuse Prevention Network to serve as the lead agency.

**Contract Monitoring and Performance Measurement.** Quality assurance is provided by 12 program evaluation managers (PEMs) that report to the Director of BMCW.

The PEMs are responsible for the following: (a) monitoring the implementation of management policies; (b) reviewing work of child welfare staff; (c) evaluating staff performance and recommending corrective action when required; (d) monitoring child welfare services with local agencies and courts; (e) monitoring compliance with state and federal law, administrative rules, and policies; (f) evaluating program effectiveness; (g) recommending improvements as necessary; (h) planning and monitoring consultation services; and (i) maintaining and reporting program data.

The PEMs are located at the central administrative site and one program and one fiscal PEM are assigned to each service delivery site, as well as all of the programs administered by BMCW. PEMs work as a team with BMCW management to address issues and develop work products.

Appendix IV to this paper illustrates the decision-making process as cases flow through the system implemented by BMCW. While this illustration is based on the system developed by BMCW, all child welfare systems have similar decision-making processes.

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## Revenue and Funding

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**County Contribution.** Milwaukee County is required to provide \$58,893,500 annually to DHFS for the costs of providing child welfare services in Milwaukee County by DHFS. Before 2001-02, the County could decide how it would provide these funds through a variety of state aid payments, including shared revenue and community aids. 2001 Wisconsin Act 16 requires Milwaukee County to make its \$58,893,5400 annual contribution as follows: (a) through a reduction of \$37,209,200 from the amount DHFS distributes as the basic county allocation under community aids; (b) through a reduction of \$1,583,000 from the substance abuse prevention and treatment block grant that DHFS distributes as a categorical allocation under community aids; and (c) through a deduction of \$20,101,300 from shared revenue payments.

As a result of this change, the funding that was budgeted in community aids and then transferred to BMCW is now directly budgeted in BMCW and not in community aids. This change simplified the administrative mechanism DHFS uses to support the Milwaukee child welfare system, but did not affect the total amount of funding available to provide services or other counties' allocations.

The community aids contribution reflects the amount of funding budgeted by the county in 1995 for child welfare services (\$69.3 million) less any revenues no longer available to Milwaukee County, such as funding provided under programs that have since been repealed (approximately \$10.4 million).

**Additional Revenue.** In addition, DHFS is budgeted approximately \$3.0 million PR in 2002-03 from third-party collections used to fund DHFS costs to administer child welfare services in Milwaukee County. Third-party collections represent revenue received for the support of children in out-of-home care, such as child support and SSI payments.

**Funding.** The following table identifies funding provided in 2002-03 to DHFS to administer child welfare services in Milwaukee County. State general purpose revenues (GPR), federal revenues (FED), and program revenues (PR) are identified in the table. Federal funding reflects funding received under Title IV-E and program revenue funding reflects TANF funds, MA matching funds claimed under targeted case management, and estimates of the amount of third-party revenue received for children in out-of-home care.

Operations funding supports the costs of state staff, the information system, rent, training, supplies and services, and other miscellaneous expenditures. Aids funding supports placement costs and vendor contracts for case management and ongoing services, safety services, adoption and foster care placement services, independent investigations, safety evaluations, and prevention services.

**Funding Budgeted for the Bureau of Milwaukee Child Welfare  
Fiscal Year 2002-03**

	GPR	FED*	PR	Total
Placement Costs	\$23,845,200	\$11,011,100	\$0	\$34,856,300
Service Costs				
Safety services	\$0	\$0	\$7,094,100	\$7,094,100
Ongoing services**	10,161,300	2,066,500	1,871,000	14,098,800
Wraparound services	8,810,500	1,371,600	0	10,182,100
Other	<u>532,800</u>	<u>0</u>	<u>0</u>	<u>532,800</u>
Subtotal	\$19,504,600	\$3,438,100	\$8,965,100	\$31,907,800
Vendor Costs				
Case management services contracts	\$10,826,600	\$3,075,000	\$0	\$13,901,600
Out-of-home placement unit	4,070,100	1,156,000	0	5,226,100
Adoption unit	1,718,500	1,406,000	0	3,124,500
FISS unit	206,600	0	0	206,600
Independent Investigations	248,400	0	0	248,400
Prevention services contract	0	0	1,489,600	1,489,600
Other	<u>808,100</u>	<u>298,300</u>	<u>0</u>	<u>1,106,400</u>
Subtotal	\$17,878,300	\$5,935,300	\$1,489,600	\$25,303,200
<b>Total Aids</b>	<b>\$61,228,100</b>	<b>\$20,384,500</b>	<b>\$10,454,700</b>	<b>\$92,067,300</b>
<b>Total Operations</b>	<b>\$11,555,900</b>	<b>\$6,362,300</b>	<b>\$630,000</b>	<b>\$18,548,200</b>
<b>Grand Total</b>	<b>\$72,784,000</b>	<b>\$26,746,800</b>	<b>\$11,084,700</b>	<b>\$110,615,500</b>

\*Does not include federal Title IV-B funds that were allocated in 2001 Act 16 because these funds were not budgeted to support specific services.

\*\*Includes \$1,871,000 PR in MA targeted case management funds. Through these funds are shown as part of ongoing services, DHFS has the flexibility to use these funds for any aids program cost.

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**Summary**

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The state began its role as provider of child welfare services in Milwaukee County January 1, 1998. As the following table indicates, funding budgeted for Milwaukee child welfare services in 2002-03 totals approximately \$110.6 million, or approximately \$41.3 million more than Milwaukee County expended in 1995 (\$69.3 million) for child welfare services.

A formal evaluation of the DHFS Milwaukee child welfare system is being conducted by the University of Wisconsin at Milwaukee, School of Social Welfare and the University of Illinois. The total duration of both process and outcome phases of the project will span two biennial budget periods, 1999-2001 and 2001-2003. The study will determine whether children and families are receiving timely and appropriate assessments and services and whether the desired outcomes are being achieved.

## APPENDIX I

### Definition of Child Abuse and Neglect and CHIPS Criteria Under Chapter 48 (The Children's Code)

*Child Abuse and Neglect.* Under s. 48.02 of the statutes, abuse, other than when used in referring to abuse of alcohol beverages or other drugs, means any of the following:

- Physical injury inflicted on a child by other than accidental means;
- Serious physical harm inflicted on the unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother on the unborn child in the use of alcohol beverages, controlled substances or controlled substance analogs, exhibited to a severe degree;
- Sexual intercourse or sexual contact as found under sexual assault, sexual assault of a child, or repeated acts of sexual assault against the same child;
- Sexual exploitation of a child;
- Permitting, allowing, or encouraging a child in prostitution;
- Forcing a child to view or listen to sexual activity;
- For purposes of sexual arousal or gratification, either causing a child to expose genitals or pubic area or exposing genitals or pubic area to a child; and
- Emotional damage, for which the child's parent, guardian, or legal custodian has neglected, refused or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms.

Neglect is not defined under the CHIPS criteria, but is defined under s. 48.981 of the statutes, which relates to abuse or neglected children and abused unborn children, as failure, refusal, or inability on the part of a parent, guardian, legal custodian, or other person exercising temporary control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

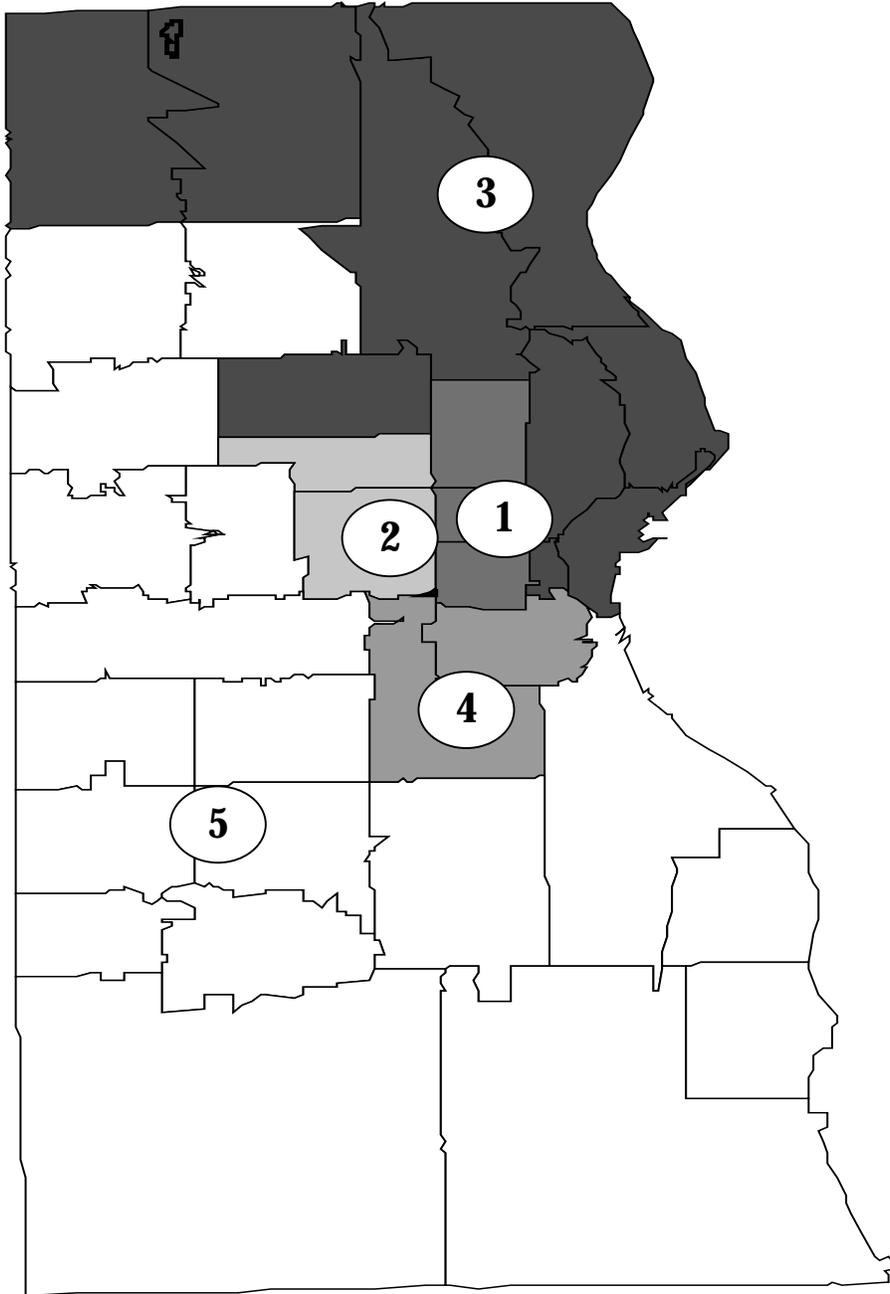
*CHIPS.* As stated under s. 48.13 of the statutes, the court has exclusive original jurisdiction over a child alleged to be in need of protection or services which can be ordered by the court, and:

- Who is without a parent or guardian;
- Who has been abandoned,
- Whose parent has relinquished custody of the child under the Safe Harbor for Newborns Law;
- Who has been the victim of abuse, as defined above, including injury that is self-inflicted or inflicted by another;
- Who is at substantial risk of becoming the victim of abuse, including injury that is self-inflicted or inflicted by another, based on reliable and credible information that another child in the home has been the victim of such abuse;

- Whose parent or guardian signs the petition requesting the court's jurisdiction and is unable or needs assistance to care for or provide necessary special treatment or care for the child;
- Who has been placed for care or adoption in violation of law;
- Who is receiving inadequate care during the period of time a parent is missing, incarcerated, hospitalized, or institutionalized;
- Who is at least age 12, signs the petition requesting the court's jurisdiction and is in need of special treatment or care which the parent, guardian, or legal custodian is unwilling, neglecting, unable, or needs assistance to provide;
- Whose parent, guardian, or legal custodian neglects, refuses or is unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child;
- Whose parent, guardian, or legal custodian is at substantial risk of neglecting, refusing, or being unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care, or shelter so as to endanger seriously the physical health of the child, based on reliable and credible information that this has occurred to another child in the home;
- Who is suffering from an alcohol or other drug abuse impairment, exhibited to a severe degree, for which the parent, guardian, or legal custodian is neglecting, refusing, or unable to provide treatment;  
or
- Who has not been immunized and who has not been exempted from such immunizations.

**APPENDIX II**

**Bureau of Milwaukee Child Welfare  
Milwaukee County Service-Delivery Regions**



**APPENDIX III**

**Department of Health and Family Services  
Bureau of Milwaukee Child Welfare**

**Central Administrative Site**  
1555 N. Rivercenter Dr., Suite 220  
  
Bureau Director  
Deputy Director  
Management and Administrative Services  
Intake Unit  
Program Evaluation Managers

**Foster Care Placement Unit**  
647 W. Virginia Street  
  
Lutheran Social Services, First Choice for Children

**Adoption Placement Unit**  
6682 W. Greenfield  
  
Children's Service Society of Wisconsin

**Site One**  
1730 W. North Avenue  
  
Site Manager  
Assessment Unit  
  
Safety Services --  
Wisconsin Community  
Services Network  
  
Lead Agency for Ongoing  
Cases -- Wisconsin  
Community Service  
Network

**Site Two**  
1730 W. North Avenue  
  
Site Manager  
Assessment Unit  
  
Safety Services --  
Milwaukee County  
SafeNow  
  
Lead Agency for Ongoing  
Cases -- Wisconsin  
Community Service  
Network

**Site Three**  
6111 N. Teutonia Ave.  
  
Site Manager  
Assessment Unit  
  
Safety Services --  
Innovative Family  
Partnerships  
  
Lead Agency for Ongoing  
Cases -- Innovative Family  
Partnerships

**Site Four**  
2745 S. 13<sup>th</sup> Street  
  
Site Manager  
Assessment Unit  
  
Safety Services --  
La Causa  
  
Lead Agency for Ongoing  
Cases -- La Causa

**Site Five**  
1205 S. 70<sup>th</sup> Street  
  
Site Manager  
Assessment Unit  
  
Safety Services --  
Milwaukee County  
SafeNow  
  
Lead Agency for Ongoing  
Services -- Innovative  
Family Partnerships

**APPENDIX IV**

**Department of Health and Family Services**

**Bureau of Milwaukee Child Welfare  
Case Decision-Making Process**

